

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Described in Attachment 4.19-A and Attachment 3.1-A.1, page 17.

TN No. 90-17
Supersedes
TN No. 88-12

Approval Date 4/23/91

Eff. Date 2/1/91

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17. A. Nurse-midwife services.

Reimbursement will be made to licensed nurse-midwives enrolled in the North Carolina Medicaid program. Rates for procedure performed by nurse-midwives will be the same as the physician fee schedule. Billing will be accomplished via the standard physician billing form (HCFA-1500) using HCPCS coding.

B. Certified Registered Nurse Anesthetists Services (CRNA's).

Fees for certified registered nurse anesthetists (CRNA's) are established at 90% of Anesthesiology rates. For DMA approved procedures (CPT and HCPCS) CRNA's will be reimbursed the same as physician services, which are based on the current Physician Medicaid Fee Schedule.

TN. No. 95-13
Supersedes
TN. No. 88-12

Approval Date 7-31-95 Effective Date 6/1/95

Payments for Medical and Remedial Care and Services

18. Hospice care (in accordance with section 1905(o) of the Act).

Hospice services are paid using Medicare reimbursement rates and methodologies, adjusted to remove offsets for the Medicare co-insurance amounts, and with the following exceptions:

- There is no limit on overall aggregate payments made to a hospice agency by Medicaid.
- Payments to a hospice for inpatient care are limited in relation to all Medicaid payments to the agency for Hospice care. During the twelve month period beginning November 1 of each year and ending October 31, the aggregate number of inpatient days, inpatient respite and general inpatient, may not exceed 20 percent of the aggregate total number of days of Hospice care provided during the same time period for all the hospice's Medicaid patients. Hospice care provided for patients with acquired immune deficiency syndrome (AIDS) is excluded in calculating the inpatient care limit. The hospice refunds any overpayments to Medicaid.
- A hospice may be paid the appropriate long term care (SNF/ICF) room and board rate, in addition to the home care rate, for a nursing facility resident's Hospice care. The nursing facility may not bill Medicaid for the individual's care that duplicates Hospice Services.

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19. Case Management Services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

a. Pregnant Women.

Case Management Services (Pregnant Women)

Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA 1500 form. Payment will be the lesser of the charge or the established fee. The fee will be set by dividing the cost of an FTE case manager by the caseload size. The fee will be evaluated annually and any overpayments will be recouped in the following year's rate. The state will not pay more than cost.

b. Adults and Children At-Risk For Abuse, Neglect, or Exploitation

Medicaid reimbursement for Case Management Services may not exceed cost. The interim per unit rate (One unit = fifteen minutes) will be determined annually by the Division of Medical Assistance.

The payment each provider receives represents only the amount of federal Medicaid funding. This amount is determined by multiplying the federal financial participation (FFP) rate in effect on the date of payment times the per unit rate. The FFP for the year October 1, 1992 to September 30, 1993 is 65.92%.

Each local provider must certify the availability of the matching non-federal share of service payments. This certification is required to be available for audit purposes and will be made in accordance with instructions provided by the Division of Social Services.

The interim rate will be subject to a final settlement reconciliation with actual cost. Each provider must prepare and submit a report of its costs and other financial information related to reimbursement annually. The report must include costs from a fiscal period beginning on July 1 and ending on June 30 and must be submitted to the Division of Medical Assistance on or before the September 30 that immediately follows the June 30 year end.

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- c. Case Management (Chronically Mentally Ill, Severely Disabled Children, Chronic Substance Abuse and Developmental Disabilities)

For services provided by DMH/MR/SAS:

Payment for case management services is based on an hourly rate. The rate for the first year of this plan is based on projected average unit cost. The rates are adjusted annually to equal the actual unit cost as determined in the cost analysis for the most recent year available. For payments to area mental health programs, cost determinations are based on weighted average unit costs for services in the North Carolina Pioneer Project.

- d. Case Management (Developmental Disabilities)

For services provided by DHS:

Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA 1500 form. Payment will be the lesser of the charge or the established fee. The fee will be set by dividing the cost of an FTE case manager by the caseload size. The fee will be evaluated annually and any overpayments will be recouped in the following year's rate. The state will not pay more than cost.

- e. Case Management (Persons With HIV Disease)

Medicaid reimbursement for HIV case management services will be the same per unit rate (one unit = fifteen minutes) for all providers. Providers will be reimbursed the lower of usual and customary charges or a negotiated rate basis which will not exceed the upper limitation of 42 CFR 447.325. Governmental providers will be paid based on the above negotiated rate not to exceed actual costs.

TN No. 94-01
Supersedes
TN No. 89-04

MAY 3 1994
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Attachment 4.19-B
Section 19 (b-e)

19(b-e) Case Management (Chronically Mentally Ill, Severely Disabled Children, Chronic Substance Abuse and Developmental Disabilities)

For services provided by DMH/MR/SAS:

Payment for case management services is based on an hourly rate. The rate for the first year of this plan is based on projected average unit cost. The rates are adjusted annually to equal the actual unit cost as determined in the cost analysis for the most recent year available. For payments to area mental health programs, cost determinations are based on weighted average unit costs for services in the North Carolina Pioneer Project.

Attachment 4.19-B
19(e)

19(e) Case Management (Developmental Disabilities)

For services provided by DHS:

Reimbursement will be on a fee-for-service basis, billed monthly on the HCFA 1500 form. payment will be the lesser of the charge or the established fee. The fee will be set by dividing the cost of an FTE case manager by the caseload size. The fee will be evaluated annually and any overpayments will be recouped in the following year's rate. The state will not pay more than cost.

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20. Extended services to pregnant women - a.) Pregnancy related and postpartum services for 60 days after the pregnancy ends; and b.) services for any other medical conditions that may complicate pregnancy.

The fee for childbirth and parenting classes is a negotiated rate of payment. Potential providers indicated participation was contingent upon establishing a fee that allowed them to recover their cost to provide the service. The reimbursement amount was established based on the current community practice of charging \$60.00 per class series per client. This rate will be evaluated annually. In the case of a public agency, reimbursement determined to be in excess of cost will be recouped by means of a rate adjustment for the next year.

TN No. 88-12 DATE/RECEIPT 9/21/88
SUPERSEDES DATE/APPROVED 6/7/89
TN No. NEW DATE/EFFECTIVE 7/1/88

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23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
1. AMBULANCE-
Payment to private providers will not exceed customary charges which are reasonable, based on prevailing rates in the State. Interim payment to public providers will be set at the same level as private providers and will be cost settled to equal the cost of services provided during the fiscal period beginning July 1, 1999 through June 30, 2000, and for subsequent 12 month fiscal periods. Cost will be determined by the Division of Medical Assistance by review of an annual cost finding in accordance with OMB Circular A-87 and the HCFA -15 Provider Reimbursement Manual. A statewide average cost for each type of transport will be developed and compared to the interim payment, based on this comparison, additional payment or recovery of payment will be made to assure that the total of payment equals cost.
2. MEDICALLY NECESSARY TRANSPORTATION OTHER THAN AMBULANCE-
(a) Unless ambulance transportation is needed as described in Rule 10 NCAC 26B .0110, County Departments of Social Services are responsible for providing medically necessary transportation: except, for clients who are residents of medical facilities and non-medical facilities. Medical facilities and non-medical facilities are responsible for medically necessary transportation for residents.

(b) Payments for medically necessary transportation shall be made in accordance with the provisions of 42 C.F.R. 434.12, which is incorporated by reference with subsequent changes and amendments. A copy of 42 C. F. R. 434.12 can be obtained from the Division of Medical Assistance at a cost of twenty cents (0.20) a copy.
3. CONTRACTS WITH PRIVATE NON-MEDICAL INPATIENT INSTITUTIONS-
The Division of Medical Assistance will enter into contracts using 42 C.F.R. 434.12 for the provision of medically related patient transportation to and from other health care providers for State/County Special Assistance clients residing in domiciliary care homes. Reimbursement is determined by the Division of Medical Assistance based on a capitation per diem fee derived from industry transportation cost with annual inflation adjustment. The rate may be recalculated from a cost reporting period selected by the state.

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Supersedes
TN No. 94-26

Approval Date

07/1/99

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23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- d. Skilled nursing facility services for patients under 21 years age.

Described in Attachment 4.19-D.

TN No. 88-12 DATE/RECEIPT 9/21/88
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MEDICAL ASSISTANCE
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23. Any other Medical Care and any other type of remedial care recognized under State law, specified by the Secretary.
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Payment is based on a negotiated hourly fee not to exceed reasonable cost.

CONTRACTS WITH PRIVATE NON-MEDICAL INPATIENT INSTITUTIONS

The Division of Medical Assistance shall enter into contracts using 42 CFR 434-12 for the provision of personal care services for State/County Special Assistance clients residing in adult care homes.

Reimbursement is determined by the Division of Medical Assistance based on a capitation per diem fee derived from review of industry costs and determination of reasonable costs with annual inflation adjustments. The initial basic per diem fee is based on one hour of services per patient day. Additional payments may be made utilizing the basic one hour per diem fee as a factor, for Medical eligibles that have a demonstrated need for additional care. The initial basic one hour fee is computed by determining the estimated salary, fringes, direct supervision and allowable overhead. The cost of medication administration and personal care services direct supervision shall be added to the basic per diem. The per diem rates may be recalculated from a cost reporting period selected by the state. Payments may not exceed the limits set in 42 CFR 447.361. Payments to private providers will be cost settled with any overpayment repaid to the Division of Medical Assistance. The first cost settlement period shall be the nine months ended September 30, 2000. Subsequently, the annual cost settlement period shall be the twelve months ended September 30. No additional payment will be made due to cost settlement.

CONTRACTS WITH PUBLIC NON-MEDICAL INPATIENT INSTITUTIONS

The Division of Medical Assistance shall enter into contracts using 42 CFR 447.200 for the provision of personal care services for State/County Special Assistance clients residing in adult care homes.

Public providers will be paid on an interim basis using the same reimbursement methods applicable to private providers. Payments to public providers are to be cost settled with any overpayment repaid to the Division of Medical Assistance. No additional payment will be made due to cost settlement.